

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0052635 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/07/1988 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 11/05/2013 |
| Priority: | Standard | Application Received: | 11/15/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 7, 1988. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; Harrington rod placement for childhood scoliosis; lumbar radiofrequency ablation surgery; and household help. In a Utilization Review Report of November 5, 2013, the claims administrator denied a request for home health services, including house cleaning, three hours a day, one day a week, for 24 weeks. The applicant subsequently appealed, in a letter dated January 17, 2014. In that letter, the applicant wrote that she is very angry about the denial of her home health services for housecleaning help. The applicant states that she is having too much low back pain to perform housecleaning independently. The applicant notes that she has been deemed "permanently disabled" with an 86% permanent partial disability rating. In an appeal letter of January 10, 2014, the attending provider writes that he believes the applicant is in too much pain to perform household chores, including housecleaning, sweeping, vacuuming, and mopping as these activities will worsen her underlying shoulder and low back pain issues.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Home health service, heave house cleaning, 3 hours a day, 1 day a week, for 24 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: As noted on Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, housecleaning services such as those being sought here are specifically not covered when this is the only care being sought. In this case, the attending provider is seeking the housecleaning services as a stand-alone service. When sought as a stand-alone service, the request is not covered, per Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request remains non-certified, on Independent Medical Review.